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United Nations Population Fund

Country programme document for Zimbabwe

Proposed indicative UNFPA assistance:	$98.0 million: $14.5 million from regular resources and $83.5 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2016-2020)
Cycle of assistance:	Seventh
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	9.5	63.5	73.0
Outcome 2	Adolescents and youth	1.5	4.0	5.5
Outcome 3	Gender equality and women's empowerment	1.0	10.0	11.0
Outcome 4	Population dynamics	1.0	6.0	7.0
Programme coordination and assistance		1.5	–	1.5
Total		14.5	83.5	98.0

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I. Situation analysis

1. Zimbabwe has a total population of 13.1 million, according to the 2012 census, with 52 per cent female and 67 per cent living in rural areas. The country's population is young, with around 67 per cent of the population below the age of 25 years. Life expectancy, which declined between 1992 and 2002, is on the rebound, up from 45 years in 2002 to 58 years in 2012.

2. The country has been recovering from economic crisis since 2008. However, the initially rapid recovery has slowed down in recent years. Allocations to the national health budget have declined, from 8.2 per cent in 2014 to 6.3 per cent in 2015. Following the July 2013 harmonized elections, the new Government formulated the Zimbabwe Agenda for Sustainable Socio-Economic Transformation 2013-2018; it is the new macroeconomic blueprint towards an empowered society and a growing economy.

3. Zimbabwe has reversed the deteriorating trend of maternal mortality from the peak of 960 per 100,000 live births in 2010 to 614 per 100,000 live births in 2014. During the same period, antenatal care visits have increased (93.7 per cent), along with skilled birth attendance (80 per cent). However, the maternal mortality ratio remains one of the highest in the region. This is mainly due to limited coverage of emergency obstetric and neonatal care services; poor quality of care; and high HIV/AIDS prevalence. There is limited capacity for fistula treatment, indicated by a less than 70 per cent treatment rate of reported cases.

4. Contraceptive method mix has slightly improved, from 64.7 per cent in 2009 to 67 per cent in 2014. The method mix, however, is heavily tilted towards short-term methods, with pills counting for 43.9 per cent and long-acting methods for less than 1 per cent. Barriers for adoption of long-acting methods include provider bias due to lack of training and limited access at primary health-care level.

5. Zimbabwe has a generalized, heterosexually driven HIV epidemic, with an adult prevalence rate of 15 per cent. The country has an estimated 1.2 million people living with HIV, the third-largest HIV burden in Southern Africa. HIV prevalence among women aged 15-24 years is 1.5 times higher than their male counterparts. Fear of stigma and discrimination remains a barrier to seeking services by males, in particular key populations and young people. Some subpopulations have very high HIV rates; a need for inclusive public health approaches is therefore required.

6. Over 4.3 million women at reproductive age in Zimbabwe are at risk of developing cervical cancer, which is associated with the high HIV prevalence. Current estimates indicate that every year, 2,270 women are diagnosed with cervical cancer and 1,451 die from the disease. Access to screening services through visual inspection with acetic acid is limited, to around 40 per cent of the population, due to lack of funding to scale up the prevention programme.

7. The adolescent fertility rate is estimated at 120 births per 1,000 women aged 15-19 years; this is the highest rate recorded since 1984. Around 20 per cent of women aged 20-24 years have had at least one live birth before the age of 18. The rural-urban differential in teenage fertility is striking, as rural girls are twice as likely to become a mother as their urban counterparts. Barriers to reduce teenage pregnancy are sociocultural norms; high school drop-outs; limited access to contraception; household poverty; lack of comprehensive sexuality education, both in schools and communities; and low coverage of youth-friendly services at public health facilities.

8. Zimbabwe has made strong commitments towards eradicating violence against women and girls in the National Action Plan to End Rape and Sexual Violence, launched in 2014, and in the National Gender-based Violence Strategy, 2010-2015. However, 30 per cent of women aged 15-49 years have experienced physical violence since age 15 and 18 per cent of

women have experienced it within the past 12 months. The 2012 census indicated that 31 per cent of girls and boys were coerced into marriage. This is due to social norms denying conjugal rights; manhood and bride price; household poverty; religious practices; infidelity and polygamy; and harmful traditional practices such as forced virginity testing. Limited access to shelters, health care and legal services are immediate constraints to survivors.

9. Although the national statistical system capacity was adequate to conduct the 2012 census, the 2014 multiple indicators survey and the 2015 demographic health survey, the system is constrained by a lack of skilled human resources, especially in the cohort of young statisticians and demographers. There is also a need to strengthen government capacity to use population data for programming and planning.

10. Zimbabwe is prone to climate change hazards, such as drought and flooding, and periodically experiences public health emergencies, including cholera and typhoid epidemics. While in the past the health system was able to cope with such challenges, a lack of trained human resources constrains national capacity to respond efficiently and effectively.

II. Past cooperation and lessons learned

11. In sexual and reproductive health, including HIV, the programme (a) strengthened 100 public health facilities to provide comprehensive emergency obstetric and neonatal health care services; (b) capacitated a cervical cancer screening programme in 51 facilities, with over 90,000 women screened; (c) expanded the use of implants, with 258 facilities supported; (d) refurbished public health facilities, including 96 maternity waiting homes; (e) established maternal death surveillance and response systems in six provinces; (f) implemented a voluntary medical male circumcision programme and strategic research on non-surgical and surgical medical circumcision devices; (g) developed an integrated strategy for elimination of mother-to-child transmission of HIV, with a strengthened focus on primary prevention of HIV and of unintended pregnancies; and (h) supported community-based behavioural change communication, reaching over one million people through home visit sessions by 'behavioural change facilitators' and more than 500,000 person exposures among the youth (aged 10-24 years) through peer education and 'sista2sista clubs'.

12. The programme promoted the integration of sexual reproductive health and HIV services, including training of 1,854 health providers on integrated services guidelines. Despite these achievements, the country programme evaluation proposes to scale up effective interventions throughout the country, especially in the most hard-to-reach areas; further integrate community interventions of sexual and reproductive health, HIV and gender-based violence for efficiency and value for money; and to reconceptualize adolescent sexual reproductive health services regarding modalities and implementing partners.

13. In gender-based violence, the programme (a) helped raise awareness of gender-responsive laws, policies and mechanisms through community dialogues; (b) established 12 one-stop centres and community shelters for integrated services for over 5,000 survivors; (c) assisted 7,571 survivors with legal counselling; and (d) trained around 6,000 community leaders, health personnel, police and court officers on gender-based violence management, standards and referral pathways. However, the evaluation found the programme has limited coverage, lacks strong coordination with other stakeholders, and is weak in health sector response.

14. In population and development, the programme (a) raised funds to support the conduct of the 2012 population census and the 2015 Zimbabwe Demographic Health Survey; (b) built the capacity of the Zimbabwe National Statistics Agency by training 35 staff members in sampling, data processing and data analysis, advanced geographical information system and post-enumeration survey; and (c) produced 10 subsequent thematic analyses of the 2012

census. The evaluation indicated that strengthening partnerships to integrate population dynamics in development planning requires more programmatic attention.

15. Lessons learned include the following: (a) investing in coordination among United Nations agencies ensures programme complementarity and cohesion, particularly in Zimbabwe, where the health system is dependent on external funding; (b) integrating sexual reproductive health, HIV and gender-based violence services increases programme efficiency and value for money; and (c) implementing a robust and coherent results and resources framework and results chain logic leads to enhanced programme effectiveness.

III. Proposed programme

16. The seventh country programme is aligned with the Zimbabwe Agenda for Sustainable Socio-Economic Transformation, 2013-2018, the Zimbabwe United Nations Development Assistance Framework, 2016-2020, and the UNFPA Strategic Plan, 2014-2017. The programme will help Zimbabwe to harness the demographic dividend through smart investment in health and education of young boys and girls. This is enabled by scaling up cost-effective interventions implemented in the previous country programme, with an emphasis on policy advocacy, capacity development and strengthening coordination of maternal and sexual reproductive health, including family planning. The programme will complement ongoing joint efforts to strengthen health systems and promote use of innovations and information communication and technology to achieve more programme efficiency, accountability and value for money.

A. Outcome 1: Sexual and reproductive health

17. Output 1: Increased availability of and access to voluntary family planning, especially long-acting contraceptive methods. The programme will support the implementation of the national family planning strategy and its action plan in (a) revising and updating relevant family planning policies, guidelines and protocols; (b) building capacity of service providers, especially those at primary health-care level, for quality family planning counselling and services, including intrauterine contraceptive device insertion and removal; (c) conducting integrated community-based behavioural change interventions to generate demand for family planning; and (d) providing essential reproductive health commodities to enhance country reproductive health commodity security and diversify choices of contraceptives. The programme will also strengthen the institutional capacity of the Zimbabwe National Family Planning Council to effectively lead, regulate and coordinate family planning programmes for achieving the Family Planning 2020 goals.

18. Output 2: Increased national capacity to deliver high-quality maternal health services, including in humanitarian settings. The programme will (a) support the implementation of the national emergency obstetric and neonatal care action plan; (b) support midwifery association, regulation and education; (c) scale up maternal death surveillance and response; (d) further integrate reproductive health indicators in health management information systems; (e) scale up support to clinical mentorship; (f) scale up integrated quality sexual reproductive health information and services for pregnant women, especially young pregnant women, in maternity waiting homes; and (g) support fistula prevention, treatment and reintegration interventions. The programme will assist the Ministry of Health and Child Care to conduct contingency planning based on the Minimum Initial Service Package for sexual reproductive health in emergencies.

19. Output 3: National cervical cancer screening programme using visual inspection with acetic acid strengthened and scaled up. The programme will support the Ministry of Health and Child Care to scale up the visual inspection with acetic acid-based national cervical cancer screening programme and treatment of pre-cancerous lesions. Support will be provided for the following interventions: (a) development of a national policy, guidelines and protocols on cervical cancer screening and treatment; (b) expansion of cervical cancer

centres in public health facilities; (c) training of service providers in public hospitals; and (d) enhancement of referral mechanisms to advanced care at tertiary hospitals. The programme will also promote integrated sexual reproductive health services, using the established visual inspection with acetic acid centres.

20. Output 4: Increased uptake of integrated HIV-prevention services among women and men, especially young people and key populations. The programme will (a) continue to enhance the national integrated demand-generation programme on sexual reproductive health, HIV and gender-based violence services, with a focus on young people; (b) roll out the sexual reproductive health and HIV service integration model in district-level public health facilities; (c) support civil society partners to provide equitable and acceptable sexual reproductive health and HIV services to key populations, especially in hard-to-reach communities, based on existing hotspot mapping and by scaling up pilot interventions under the previous country programme for young key populations; (d) advocate for and support capacity-building interventions in public-sector facilities to deliver integrated HIV-prevention services to key populations using innovative service -delivery approaches; and (e) support national programme coordination and policy development for selected HIV-prevention services based on emerging evidence.

B. Outcome 2: Adolescents and youth

21. Output 1: Increased national capacity to provide information and services that prevent teenage pregnancy. The programme will support the implementation of the national Adolescent Sexual Reproductive Health Strategy, focusing on young girls by: (a) strengthening the capacity of the Ministry of Youth Development, Indigenisation and Empowerment, Zimbabwe Youth Council, youth organizations and parliamentarians to promote youth participation and leadership to create an enabling environment for young people to access sexual reproductive health information and services; (b) supporting the Ministry of Primary and Secondary Education to implement the sexuality and life-skills education through curriculum, syllabus and learner materials review and training of teachers; (c) intensifying efforts to reach out to out-of-school youths through enhanced partnership with civil society, faith-based organizations, other community gatekeepers and the national demand-generation programme for HIV and scaling up successful community interventions; and (d) scaling up youth-friendly integrated sexual reproductive health, including family planning, services in public health facilities, including maternity waiting homes.

C. Outcome 3: Gender equality and women's empowerment

22. Output 1: Increased national capacity to prevent gender-based violence and enable a delivery of multisectoral services, including in humanitarian settings. The programme will (a) support the Ministry of Women Affairs Gender and Community Development to coordinate a multisectoral gender-based violence prevention and response programme at national, provincial and district levels, with special attention on sexual violence and child marriage; (b) build the capacity of national institutions, mechanisms and civil societies to implement and monitor the national gender-based violence strategy, with a focus on confidential data management, legal aid and provision of integrated gender-based violence, sexual reproductive health and HIV services; (c) strengthen the health-sector response to gender-based violence in public health facilities; (d) establish a safety net for survivors through strengthening and scaling up referral pathways established in the sixth country programme; and (e) integrate prevention of gender-based violence in community-based demand generation programmes with faith-based organizations and other community gatekeepers and in the comprehensive sexuality education programme for young girls and boys.

D. Outcome 4: Population dynamics

23. Output 1: Increased national capacity for the production and the use of disaggregated data on population, sexual and reproductive health and gender-based violence for the formulation and monitoring of evidence-based policies, plans and programmes, including in humanitarian settings. The programme will support (a) conducting of surveys and application of modern technologies, including the Zimbabwe Demographic and Health Survey and Inter-Censual Demographic Survey; (b) subsequent in-depth analysis of surveys, in partnership with Zimbabwe National Statistics Agency, universities and national statistical offices; (c) web-enabled demographic and socioeconomic database systems to improve data access, including in humanitarian preparedness and response; (d) strengthening of administrative data systems in the areas of health, HIV and gender; and (e) the Ministry of Economic Planning in coordinating the integration of population issues in national and sectoral policies and plans.

IV. Programme management, monitoring and evaluation

24. UNFPA and the Government of Zimbabwe, through the established national coordination mechanism and line ministries, will implement the programme, within the United Nations Development Assistance Framework. Where feasible, joint programmes will be promoted. An integrated communication, partnership and resource mobilization plan will be developed to facilitate delivery of the programme.

25. Using a results-based management approach, UNFPA and the Government will develop and implement a monitoring and evaluation plan that includes robust knowledge management systems that generate and document information and data relevant to policies and programmes. Operational research and innovations will be core elements of the programme.

26. The UNFPA country office in Zimbabwe includes basic management and development effectiveness functions funded from the UNFPA institutional budget. UNFPA will allocate programme resources for staff providing technical and programme expertise as well as associated support for the implementation of the programme. The country office will seek technical assistance from other country offices, the regional office and UNFPA headquarters, including through South-South cooperation initiatives in strategic areas. In the event of an emergency, UNFPA will, in consultation with the Government, reprogramme funds to respond to emerging issues within the UNFPA mandate.

RESULTS AND RESOURCES FRAMEWORK FOR ZIMBABWE (2016-2020)

National priority: Social service and poverty eradication; HIV; gender equality; and governance and public administration
UNDAF Outcomes: Vulnerable populations have increased access and utilization of high-quality basic social services; key institutions have improved capacity to provide quality and equitable basic social services; households living below the food poverty line have improved access and utilization to social protection services; all adults and children have increased access to effective HIV-prevention services and are empowered to participate in inclusive and equitable social mobilization to address drivers of the epidemic; key institutions strengthened to formulate, review, implement and monitor laws and policies to ensure gender quality and women's rights; women and girls are empowered to effectively participate in social, economic and political spheres; and Government and its partners have improved capacity to generate and utilize data for development

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access • Distribution of users, by modern method of contraception, long-acting methods *Baseline: <1; Target: 5* • Percentage of district hospitals providing comprehensive emergency obstetric and newborn care services *Baseline: 65.5; Target: 80* • Percentage of women aged 15-49 years accessing cervical cancer screening service *Baseline: 7.2; Target: 35* • Percentage of HIV positive women accessing family planning commodities of their choice *Baseline: 60; Target: 80*	Output 1: Increased availability of and access to voluntary family planning, especially long-acting contraceptive methods	• Number of intra-uterine contraceptive device insertions among women aged 35 years and above, supported by the programme *Baseline: 0; Target: 30,000* • Number of health facilities offering family planning methods, disaggregated by type of method, supported by the programme *Baseline: 0 for intra-uterine contraceptive devices and 300 for implants; Target: 500 and 500, respectively*	Ministry of Health and Child Care; Zimbabwe National Family Planning Council; National AIDS Council; United Nations agencies; civil society organizations; non-governmental organizations; and faith-based organizations	$73.0 million ($9.5 million from regular resources and $63.5 million from other resources)
	Output 2: Increased national capacity to deliver quality maternal health services, including in humanitarian settings	• Number of strategies, protocols and guidelines developed for maternal health and midwifery services *Baseline: 0; Target: 4* • Number of public health facilities, supported by the programme, that provide comprehensive emergency obstetric and neonatal care services *Baseline: 0; Target: 134* • Percentage of maternity waiting homes providing information and services as per the revised national guidelines *Baseline: 0; Target: 80* • Number of fistula repaired in UNFPA-supported sites *Baseline: 0; Target: 400*		
	Output 3: National cervical cancer screening programme using visual aid with acetic acid strengthened and scaled up	• Number of national protocols, guidelines and standards for cervical cancer screening available *Baseline: 0; Target: 3* • Number of public health facilities providing cervical cancer screening services using visual aid with acetic acid with UNFPA support *Baseline: 83; Target: 200* • Percentage of visual aid with acetic acid positive women with lesions eligible for cryotherapy treated *Baseline: 56; Target: 85*		
	Output 4: Increased uptake of HIV-prevention services among women and men, especially young people and key populations	• Number of person-exposures among sex workers to sexual reproductive health and HIV-prevention messages delivered by peer educators *Baseline: 47,869; Target: 227,869* • Number of district health facilities implementing national guidelines on integrated delivery of sexual reproductive		

		health and HIV services *Baseline: 0; Target: 26* • Percentage of households reached by innovative and integrated social behavioural change communication and demand generation strategies *Baseline: 32.5; Target: 90*		
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health • Adolescent fertility rate *Baseline: 124; Target: 115* • Unmet need for family planning among females aged 15-19 years *Baseline: 11; Target: 8.5* • Percentage of facilities offering youth-friendly services that meet national standards *Baseline: 6; Target: 25*	Output 5: Increased national capacity to provide information and services that prevent teenage pregnancy	• Number of secondary schools with teachers trained in evidence-based life skills, sexuality, and HIV and AIDS education in UNFPA-supported provinces *Baseline: 0; Target: 150* • Number of partners with capacity to manage and implement life-skills education programmes for out-of-school youth *Baseline: 0; Target: 20* • Number of new adolescents and young people (aged 15-24 years) accessing contraceptives at programme supported facilities and outreach *Baseline: 0; Target: 200,000*	Ministries of Health and Child Care; Youth Development, Indigenization and Empowerment; Primary and Secondary Education; National Family Planning Council; National AIDS Council; Zimbabwe Youth Council; United Nations organizations	$5.5 million ($1.5 million from regular resources and $4.0 million from other resources)
Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth • Percentage of young women (aged 15-24 years) who have ever experienced physical violence *Baseline: 28.8; Target: 21* • Percentage of women and girls who report having used services after being abused *Baseline: 15 (police) and 2.2 (social service); Target: 20 and 10*	Output 6: Increased national capacity to prevent gender-based violence and enable the delivery of multisectoral services, including in humanitarian settings	• Number of non-governmental organizations with capacity to manage and implement gender-based violence prevention, protection and response interventions *Baseline: 0; Target: 10* • Number of gender-based violence survivors who access one-stop centres *Baseline: 5,025; Target: 73,625* • Number of service providers in public health facilities with skills in survivor-centred approaches *Baseline: 0; Target: 10,850*	Ministries of Women Affairs, Gender and Community Development; Health and Child Care; United Nations organizations; civil society organizations; non-governmental and faith-based organizations	$11.0 million ($1.0 million from regular resources and $10.0 million from other resources)

Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality • Number of national development plans and sector policies incorporating population dynamics *Baseline: 0; Target: 6*	Output 7: Increased national capacity for the production and the use of disaggregated data on population, sexual and reproductive health and gender-based violence for the formulation and monitoring of evidence-based policies, plans and programmes, including in humanitarian settings	• Number of in-depth census and demographic health survey thematic analysis reports produced and disseminated *Baseline: 0; Target: 5* • Number of web-enabled database systems operationalized *Baseline: 0; Target: 2* • Number of civil service training centres and university institutions offering population and development curricula *Baseline: 0; Target: 2*	National Statistics Agency; Ministry of Economic Planning; Universities (Centre for Population Studies); United Nations organizations	$7.0 million ($1.0 million from regular resources and $6.0 million from other resources) Programme coordination and assistance: $1.5 million from regular resources